ProviderAccess

www.bcbsal.com

User Manual
For
Professional Providers

eClaims
And
Audit Report Retrieval

CONTACT NAMES AND NUMBERS

1. For **connectivity** or **communication** problems, call or e-mail the **Corporate Support Center** at (205) 220-6134 (6:00 a.m. – 5:30 p.m.) SupportCenter@bcbsal.org

2. For other questions or problems,
   - System Status is available as a streamer on the website. (www.bcbsal.com)
   - Contact your Electronic Data Interchange (EDI) Services Representative at (205) 220-6899.

HARDWARE REQUIREMENTS

Minimum Browser Requirements
Netscape or Internet Explorer 4.0 or higher

Minimum Hardware Requirements *(for best results)*
Screen Resolution: 640 x 480
Internet connection with at least 28,800 bps

HELPFUL HINTS

1. If you leave the PC for a long period of time, the application will "time out". You will need to close and restart your browser or if you have previously "bookmarked" your ProviderAccess sign in page, you may use your "Favorites" or "Bookmark" to access the Sign In page directly. If you were keying a claim, any information not previously saved will be lost.

2. Use the "tab" key (not the "Enter" key) when navigating through a screen, however, don't forget to select the "Next" button to save your data prior to leaving the screen.

3. Do not use the "back" button on your PC while accessing ProviderAccess

4. To select a field using a mouse:
   - Move the mouse pointer to the information to be selected
   - Depress or "click" the left mouse button once
   - The item is selected if the information you choose is highlighted by color/shading

5. To select a field without using a mouse:
   - Use the "Tab" key to move the cursor to the item you would like to select
   - The item is selected if the information you choose is highlighted by color/shading

6. To select a button, choose one of the following:
   - Move the mouse pointer to the button and depress the left mouse button once **or**
   - Press the "Tab" key until the dotted line appears around the word and then press the "Enter" button

Easy Steps to ProviderAccess

www.bcbsal.com

Click on ***"I am a Provider"*** on the Blue Cross and Blue Shield of Alabama home page.

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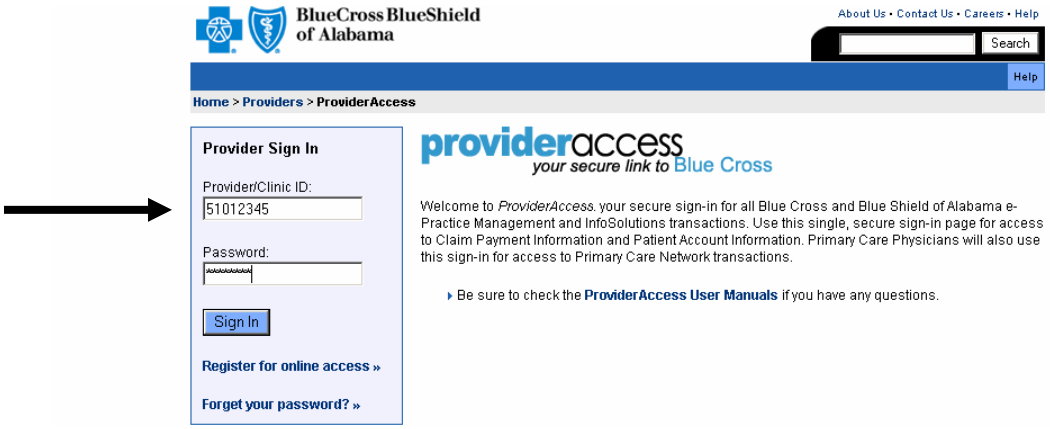
Plans & Services
Health & Wellness
Pharmacy
Find a Doctor
Even You!
Learn more about Blue Cross'
SPECIAL OPEN ENROLLMENT
Hurry, limited time only.
Learn More
New Fraudulent E-Mail Alert. View details
Looking for Insurance?
Individual & Family Plans
Coverage options for Alabamians without employer coverage
LEARN MORE »
Medicare Beneficiary Plans
Medicare Advantage plans and Medicare supplemental coverage
LEARN MORE »
Group Health Plans
Information about coverage options for companies
LEARN MORE »
Employers & Providers
I am an Employer »
Resources for employers to maintain their group's benefits.
I am a Provider »
Resources for those who provide health care for patients.
Find a Health Provider
Health Care Provider or Facility »
Find a hospital, doctor, dentist or other medical professional.
Pharmacy »
Find a pharmacy near you.
CustomerAccess
CustomerAccess ID:
Forgot your ID?
Password:
Forgot your Password?
SIGN IN
Register for CustomerAccess...
to use these secure services.
REGISTER NOW
View claims status
Check benefits summary
Order new ID cards
Order forms and materials
Research health and wellness topics
BE HEALTHY WEB SITE
Get a variety of health information on Blue Cross' health web site.
Go to BeHealthy.com »

Enter your ***Provider/Clinic ID*** and ***Password*** then click ***"Sign In".***


BlueCross BlueShield of Alabama
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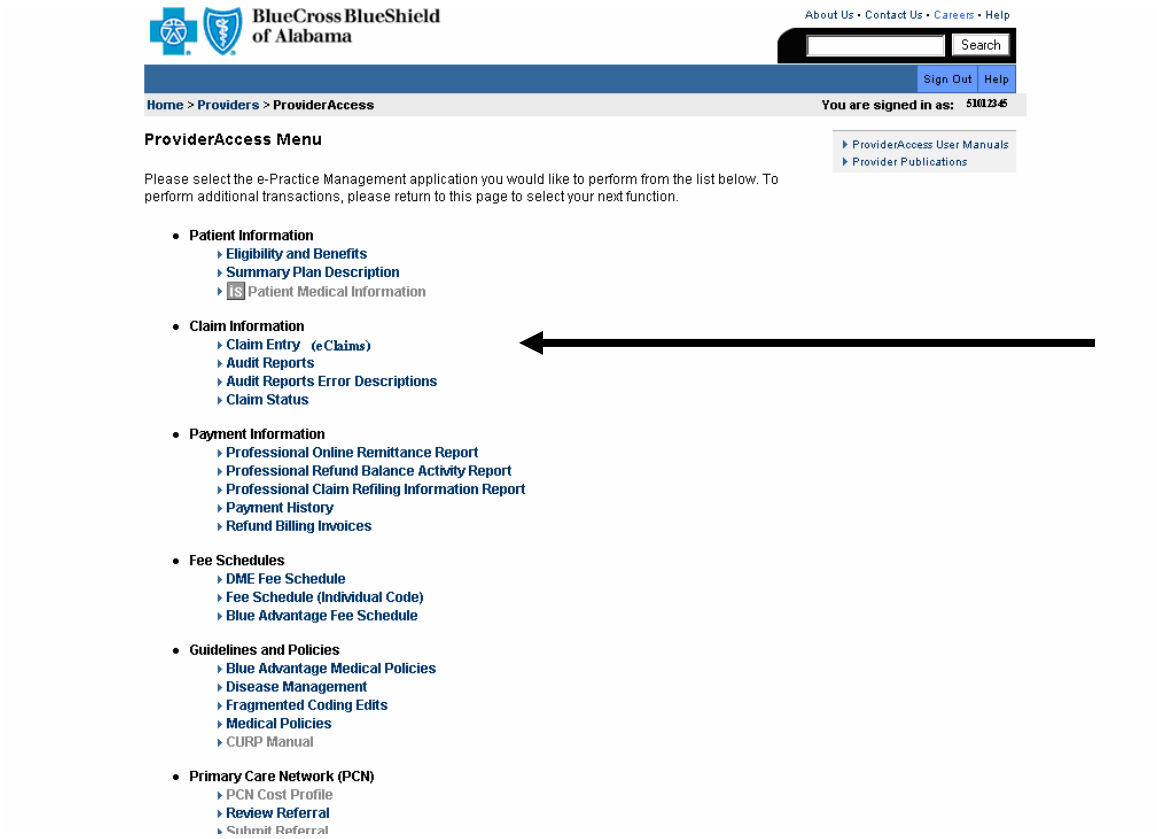
Help
Home > Providers > ProviderAccess
Provider Sign In
Provider/Clinic ID:
51012345
Password:
Sign In
Register for online access »
Forget your password? »
providerACCESS
your secure link to Blue Cross
Welcome to ProviderAccess, your secure sign-in for all Blue Cross and Blue Shield of Alabama e-Practice Management and InfoSolutions transactions. Use this single, secure sign-in page for access to Claim Payment Information and Patient Account Information. Primary Care Physicians will also use this sign-in for access to Primary Care Network transactions.
Be sure to check the ProviderAccess User Manuals if you have any questions.

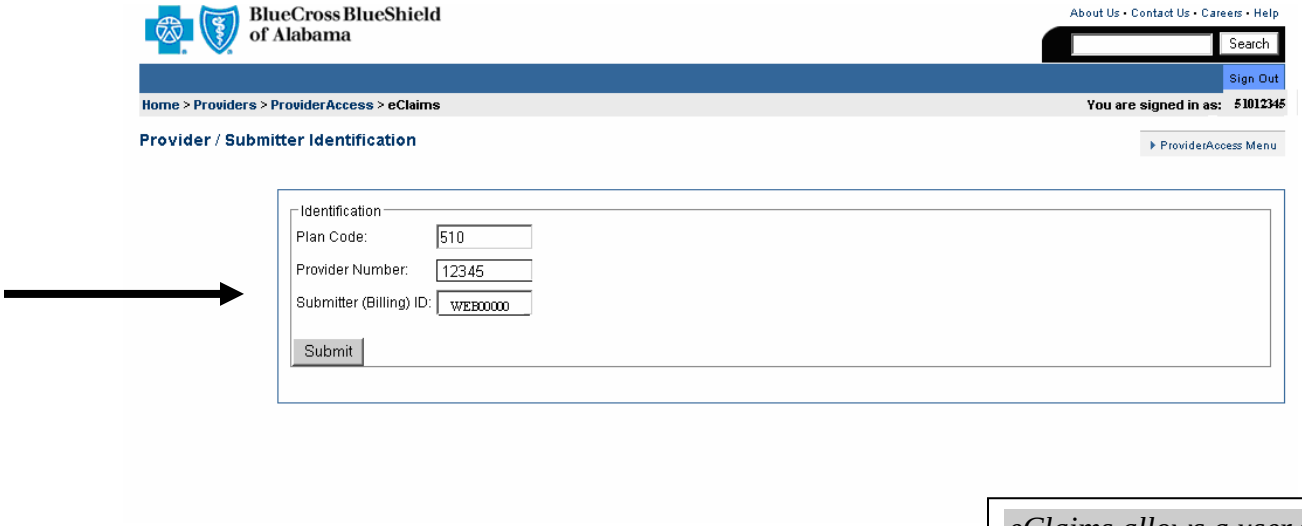
Click on the words **“Claims Entry (eClaims)”**



Provider/Submitter Identification

Verify the "***Plan Code"*** and the "***Provider Number"*** is correct. Enter your "***Submitter (Billing) ID"***

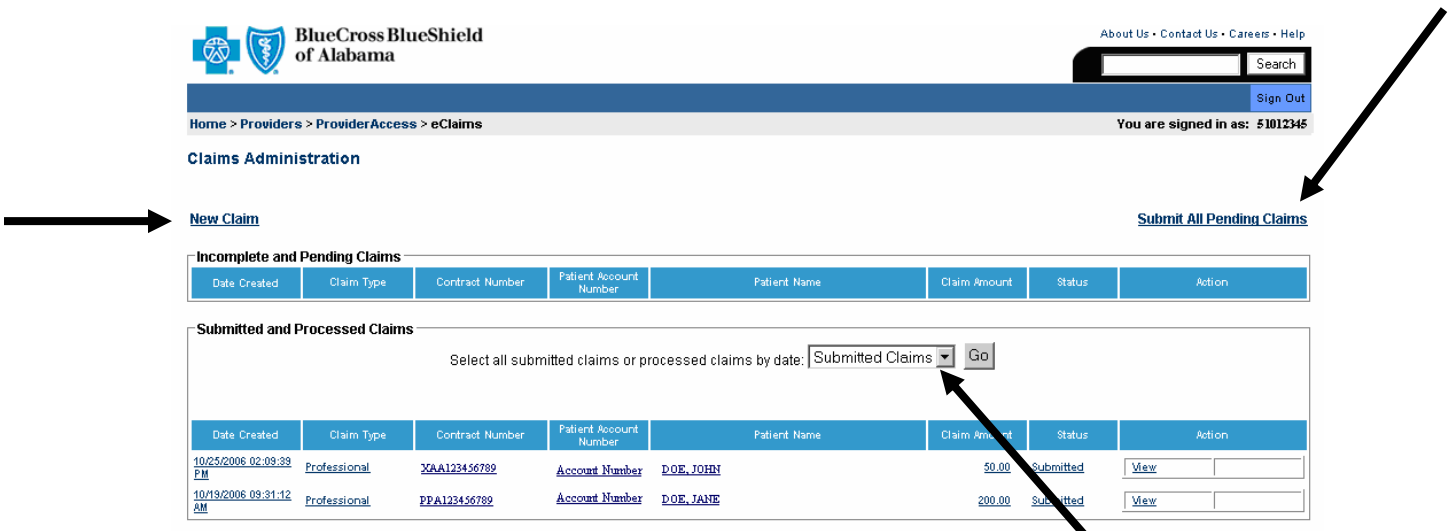
Please contact our web desk at (205)220-6899 if a Submitter (Billing) ID is needed.



Claims Administration

eClaims allows a user to submit all pending claims by placing your mouse on the highlighted words and clicking the left mouse button.

To create a new claim, click the word ***"New Claim".***

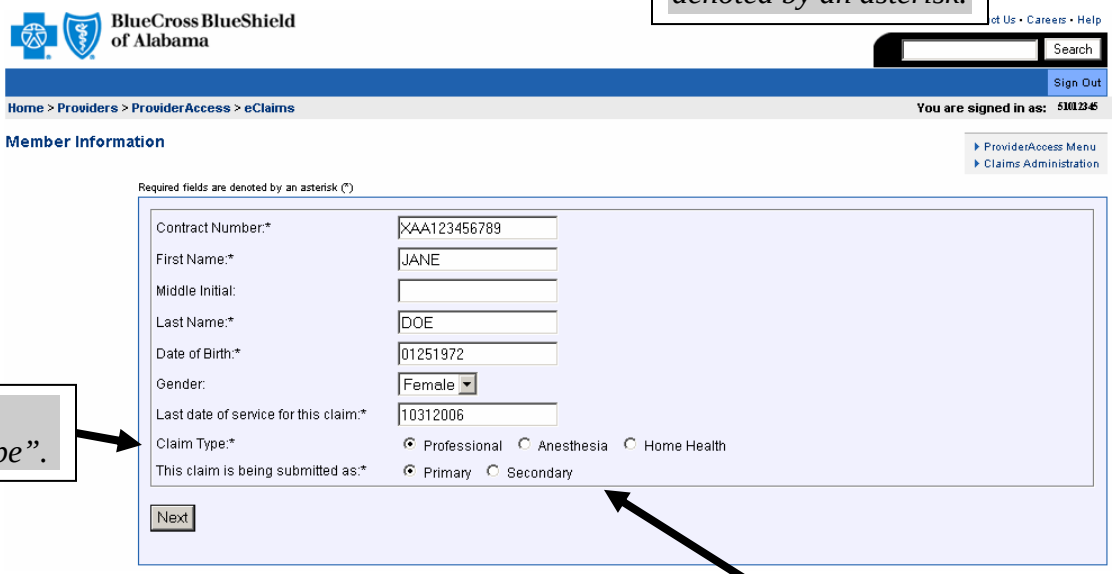


eClaims allows a user to select a date to view submitted or processed claim files.

Member Information

Enter all information in required fields.

Required fields are denoted by an asterisk.



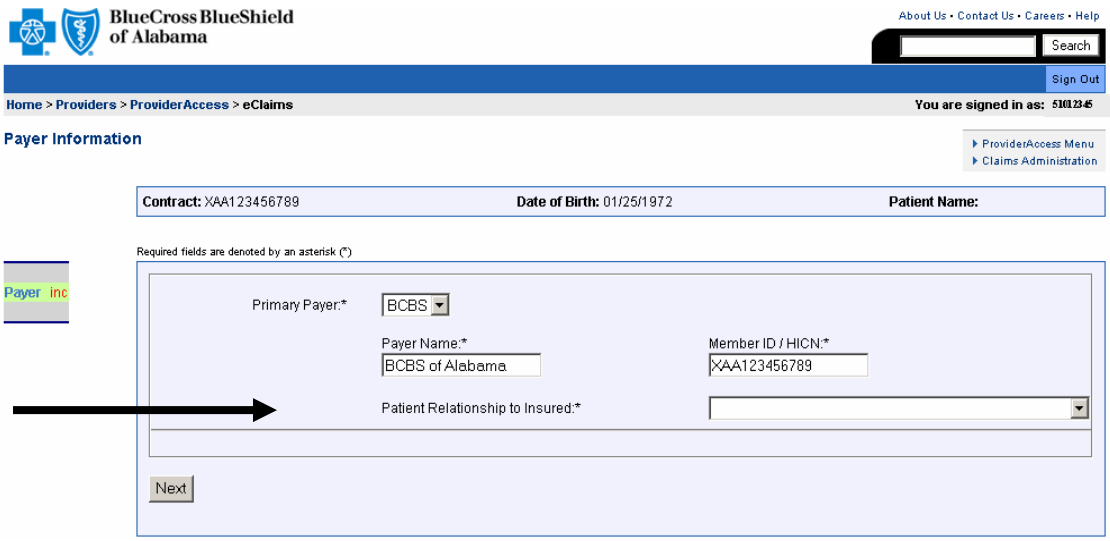
Choose the "Claim Type".

***Tip**: Choosing the correct "claim type" will allow the appropriate screen to appear.*
i.e. Home Health/Prescription Number/ NDC Code
Anesthesia: Days or Units

Choose the type of claim that is submitted "Primary" or "Secondary".

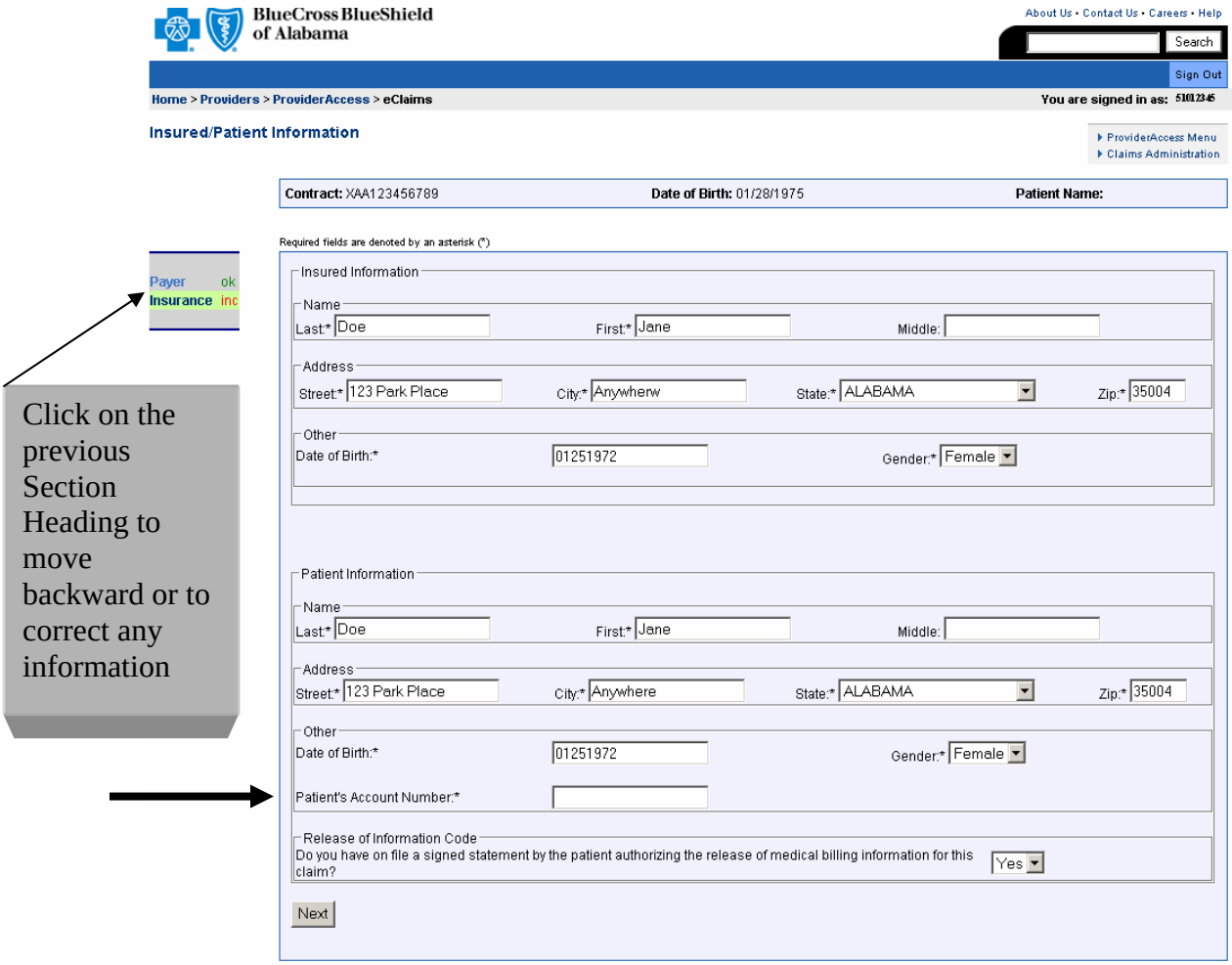
Payer Information

Verify that all information is accurate. Select the ***"Patient Relationship to Insured"*** field and choose the option that applies to your claim.



Insured/Patient Information

Verify that all information returned on this screen is correct.



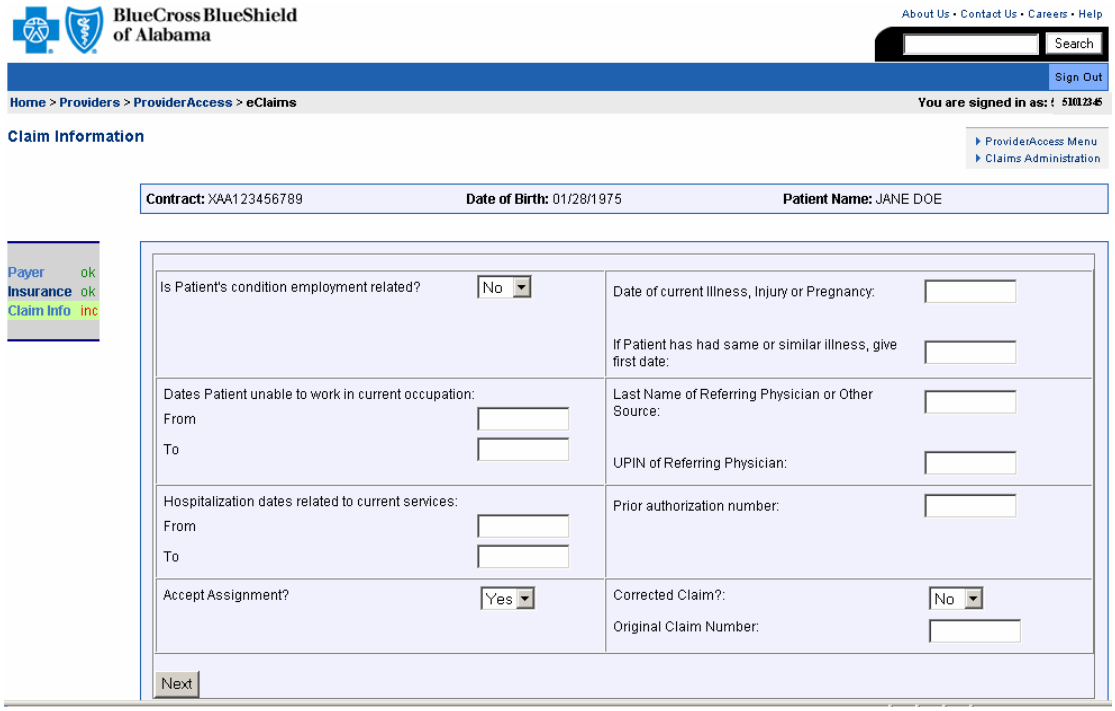
Click on the previous Section Heading to move backward or to correct any information

Tip: *Don't forget to add the* ***"Patient Account Number."***

Verify the Insured/Patient Information on this page to make sure all questions are answered and pre-populate fields are accurate. If the information is correct press the **"Next"** key. If the information is not correct, select the "ProviderAccess" link and re-key your information. If the information is still incorrect, contact your EDI Services Representative for assistance.

Claim Information

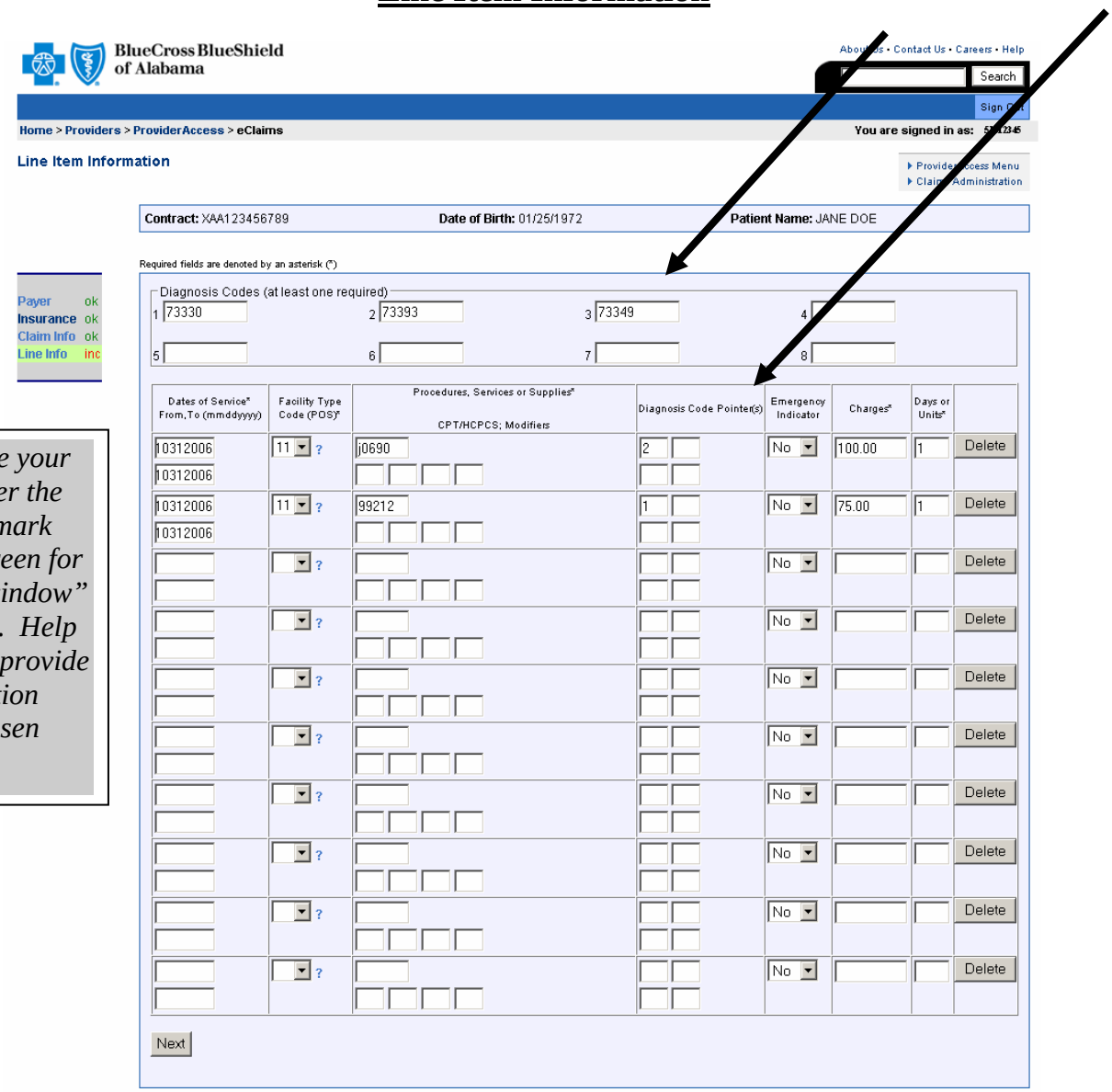
This section contains the information related to the medical services rendered to the patient by the provider. The field number corresponds to the box number on the CMS-1500 CL-4 form.



Review this screen and answer any questions that are valid for this claim. Once complete, click the **"Next"** button to save your information and to advance to the next step.

You can add up to 8 diagnoses per claim. Also, the diagnosis does not need a period between the third and fourth digit. Use the diagnosis code pointer to indicate which diagnosis applies to your claim.

Line Item Information



***Tip**: Place your mouse over the question mark on the screen for a "help window" to appear. Help Windows provide a description of the chosen field.*

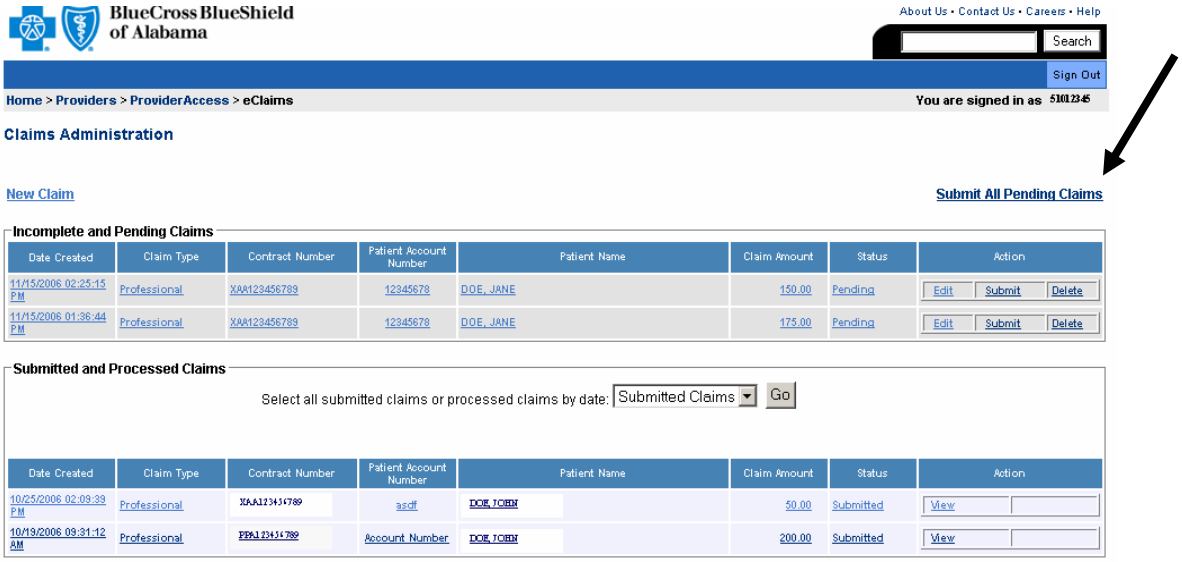
This section contains the information related to the medical services rendered to the patient by the provider. The field number corresponds to the box number on the CMS-1500 CL-4 form.

You may key up to 10 line items on this screen. After completion, click the **"Next"** button. If there are no errors, the claim will be accepted and you will be forwarded to the Claims Administration screen.

If you have more than 10 line items, you must add a new claim to enter the additional line items.

Edit, Submit or ***Delete*** any pending claims.

Claims Administration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Search
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Home > Providers > ProviderAccess > eClaims
You are signed in as 51012345
Claims Administration
New Claim
Submit All Pending Claims
Incomplete and Pending Claims
Date Created | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
11/15/2006 02:25:15 PM | Professional | XAA123456789 | 12345678 | DOE, JANE | 150.00 | Pending | Edit Submit Delete
11/15/2006 01:36:44 PM | Professional | XAA123456789 | 12345678 | DOE, JANE | 175.00 | Pending | Edit Submit Delete
Submitted and Processed Claims
Select all submitted claims or processed claims by date: Submitted Claims Go
Date Created | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
10/25/2006 02:09:39 PM | Professional | XAA123456789 | asdf | DOE, JOHN | 50.00 | Submitted | View
10/19/2006 09:31:12 AM | Professional | PPA123456789 | Account Number | DOE, JOHN | 200.00 | Submitted | View

Tip: *The Claims Administration screen shows all claims that are in a "pending" status and all claims that have been submitted or processed.*

The claim that you just entered should now appear in the ***"Incomplete and Pending Claims"*** list along with the total claim amount.

You may now choose to ***edit, submit*** or ***delete*** the claim.

After the batch is received by Blue Cross and Blue Shield of Alabama, the claim will appear in the "***Submitted and Processed Claims"*** list.

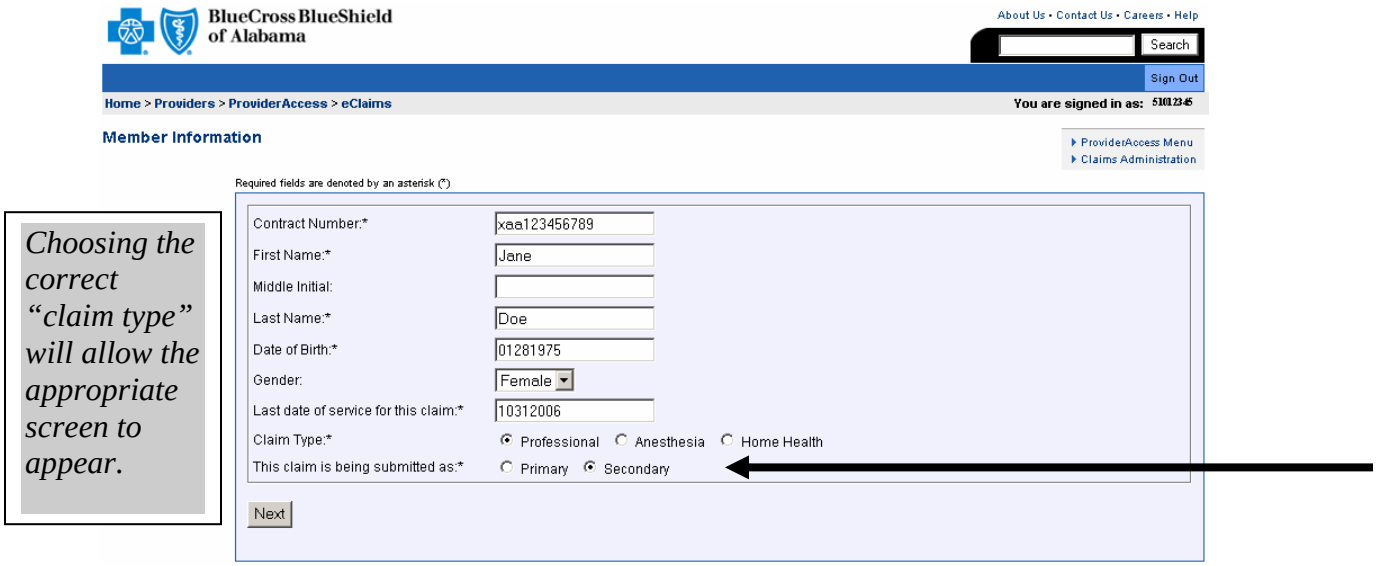
Note: Claims located in the *"Incomplete and Pending Claims"* list have not yet been received by Blue Cross and Blue Shield of Alabama for processing.

Secondary Claims

Member Information

Required fields are denoted by an asterisk.

Choose the option ***"secondary"*** to key a secondary claim.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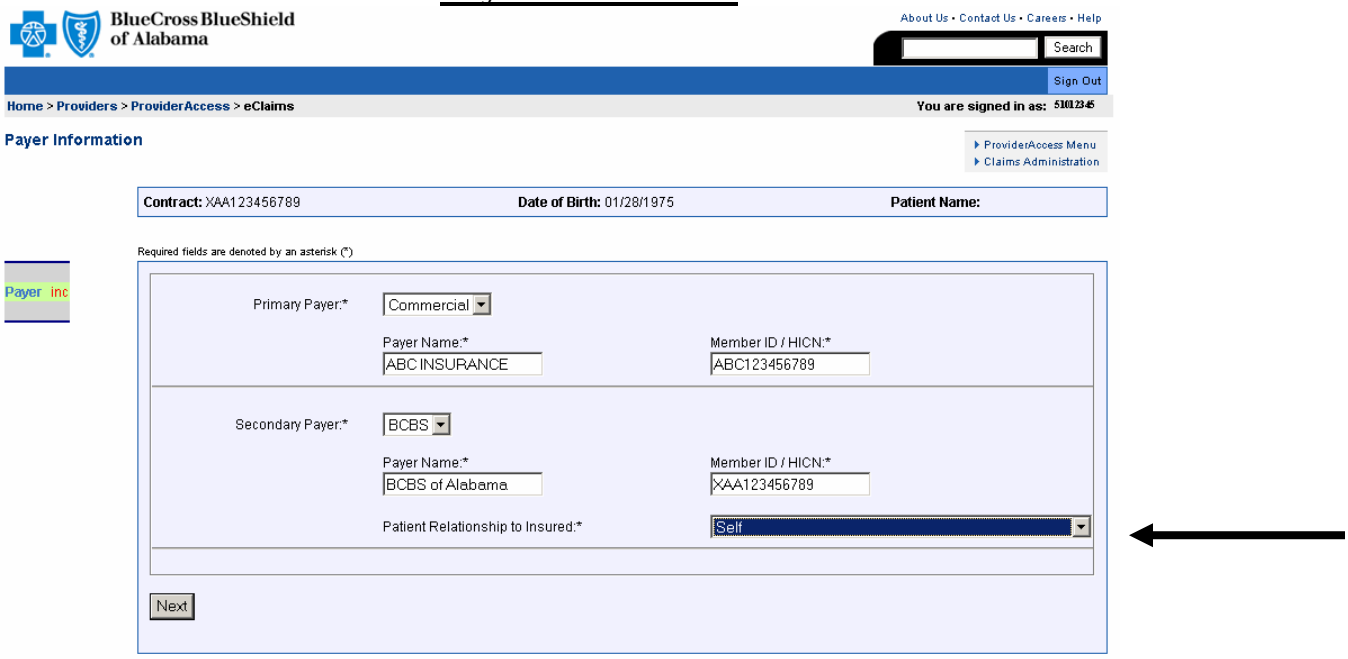
Search
Sign Out
Home > Providers > ProviderAccess > eClaims
You are signed in as:
Member Information
ProviderAccess Menu
Claims Administration
Required fields are denoted by an asterisk (*)
Contract Number:* xaa123456789
First Name:* Jane
Middle Initial:
Last Name:* Doe
Date of Birth:* 01281975
Gender: Female
Last date of service for this claim:* 10312006
Claim Type:* Professional Anesthesia Home Health
This claim is being submitted as:* Primary Secondary
Next

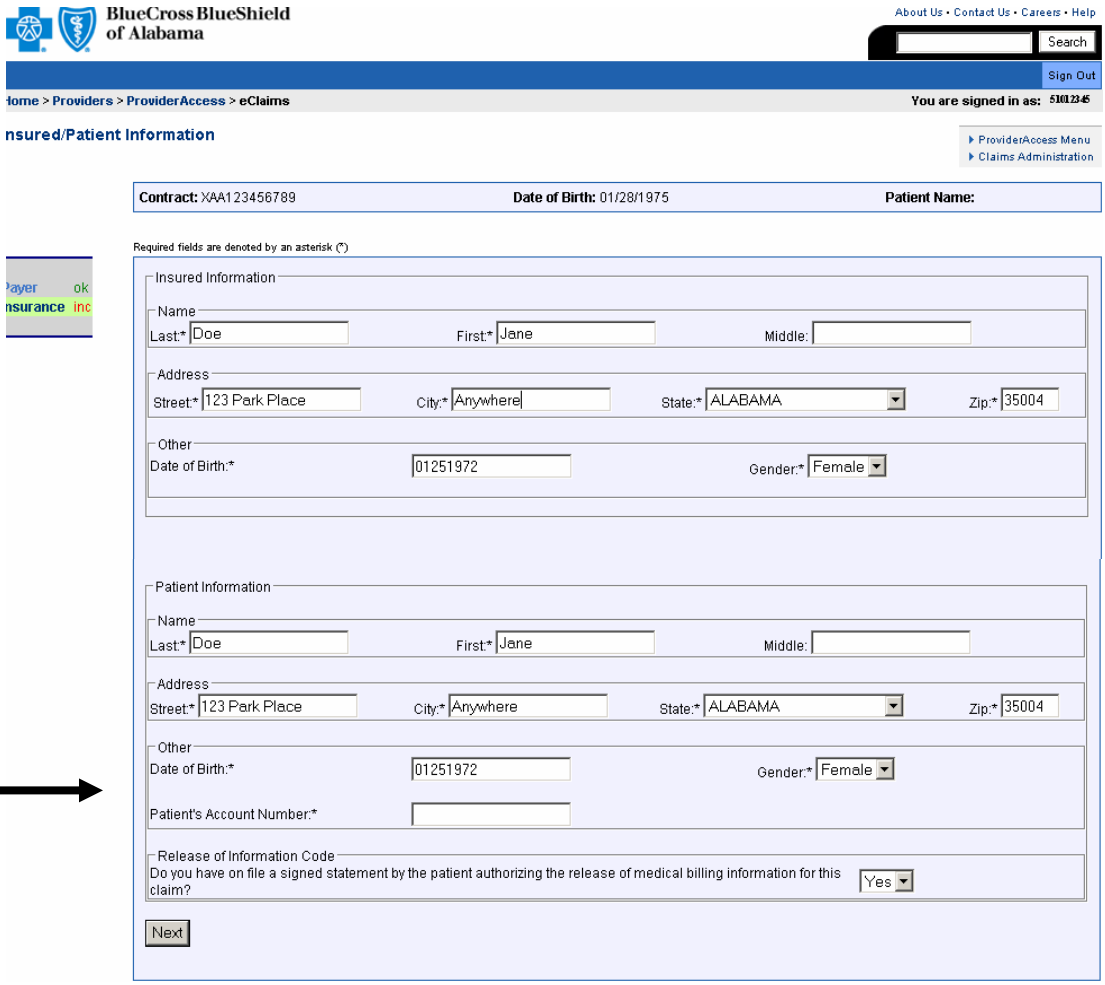
Choosing the correct "claim type" will allow the appropriate screen to appear.

Choose the correct option for ***"patient relationship to insured"*** that applies to your claim.

Payer Information



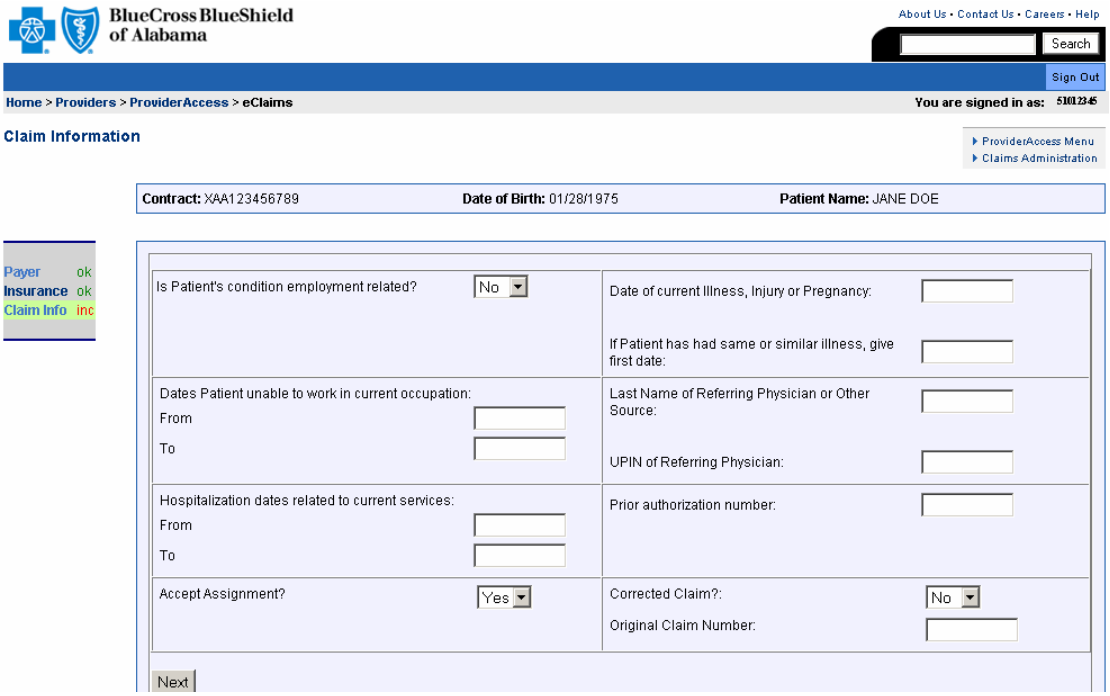
INSURED PATIENT INFORMATION



Tip: *Don't forget to add your "Patient Account Number."*

Verify the Insured/Patient Information on this page to make sure all questions are answered and pre-populate fields are accurate. If the information is correct press the **"Next"** key. If the information is not correct, select the "ProviderAccess" link and re-key your information. If the information is still incorrect, contact your EDI Services Representative for assistance.

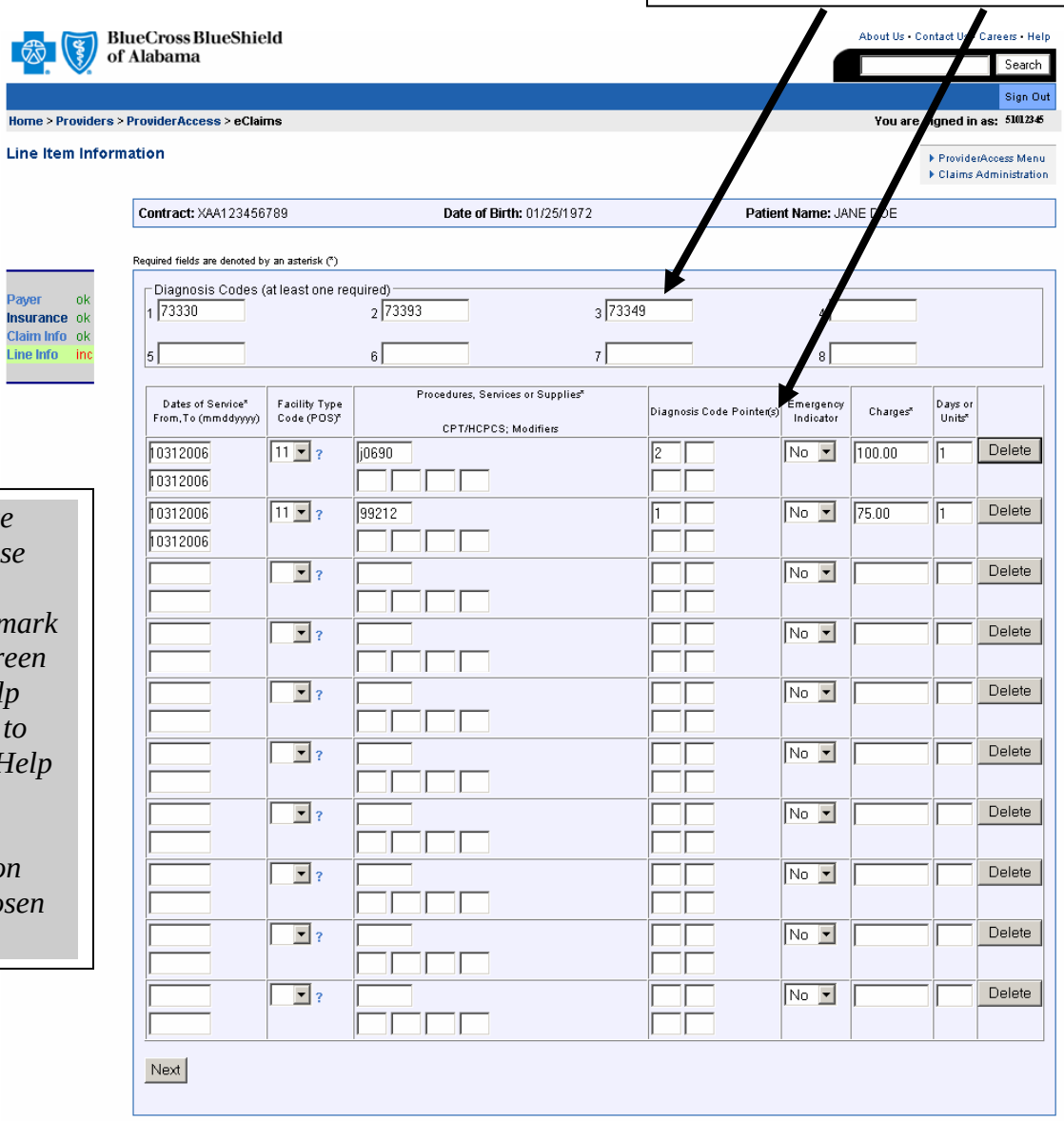
Claim Information



Review this screen and answer any questions that are valid for this claim. Once complete, click the **"Next"** button to save your information and to advance to the next step.

Line Item Information

You can add up to 8 diagnoses per claim. Also, the diagnosis does not need a period between the third and fourth digit. Use the diagnosis code pointer to indicate which diagnosis applies to your claim.

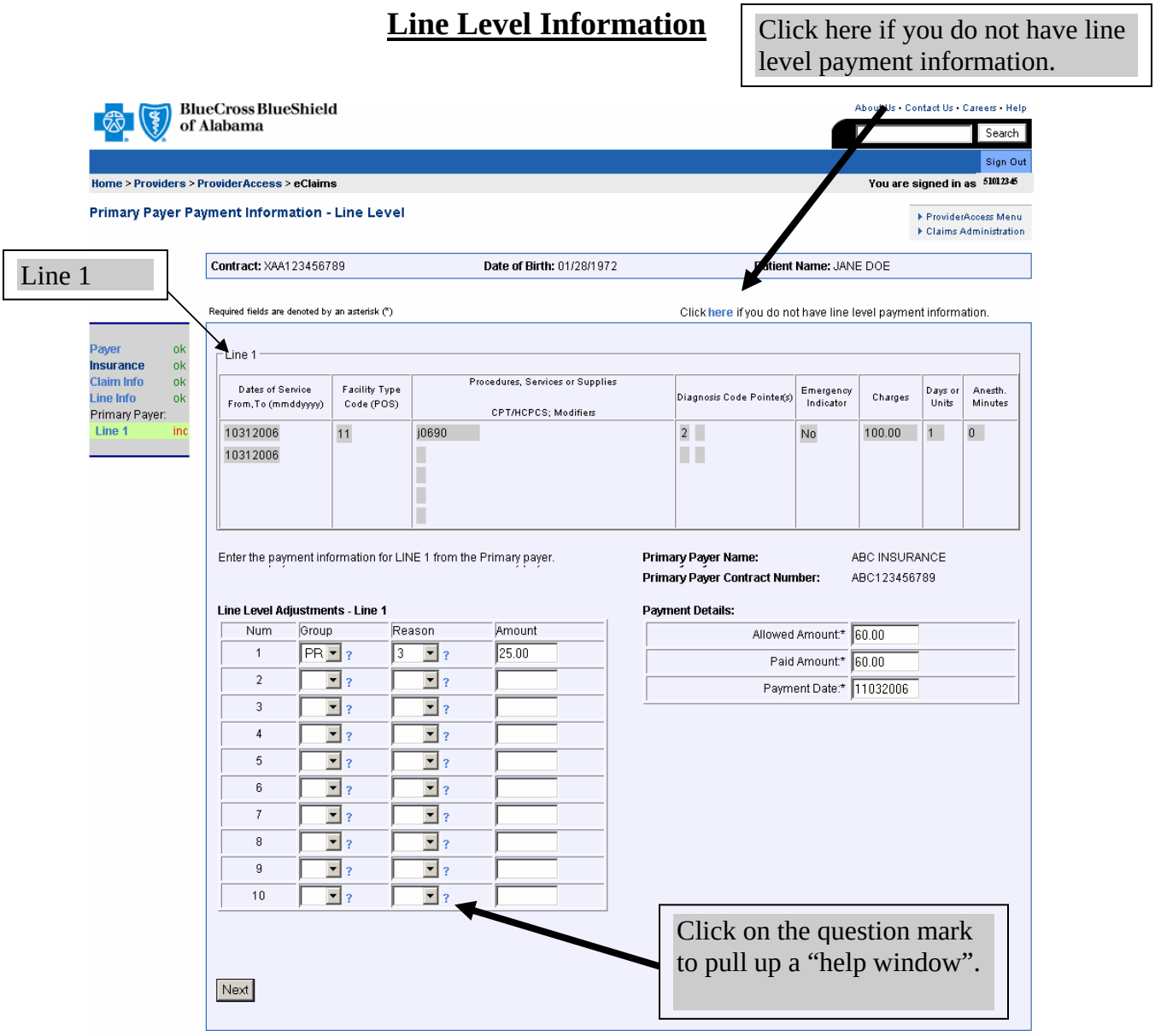


***Tip**: Place your mouse over the question mark on the screen for a "help window" to appear. Help Windows provide a description of the chosen field*

You may key up to 10 lines items on this screen. After completion, click the **"Next"** button. If there are no errors, the claim will be accepted and you will be forwarded to the Claims Administration screen.

If you have more than 10 line items, you must add a new claim to enter the additional line items.

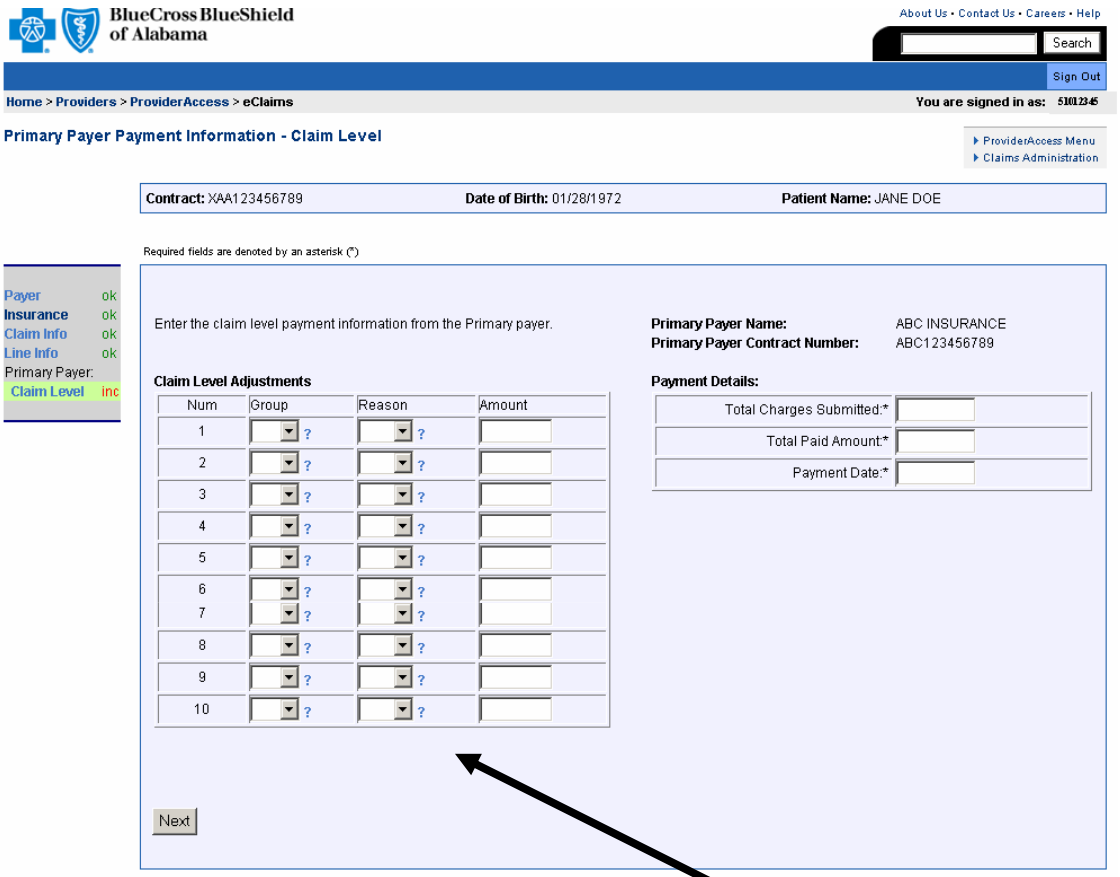
Line Level Information



Tip: *This page provides a user with the ability to key in other insurance information per line item.*

Primary Payer Payment Information – Claim Level

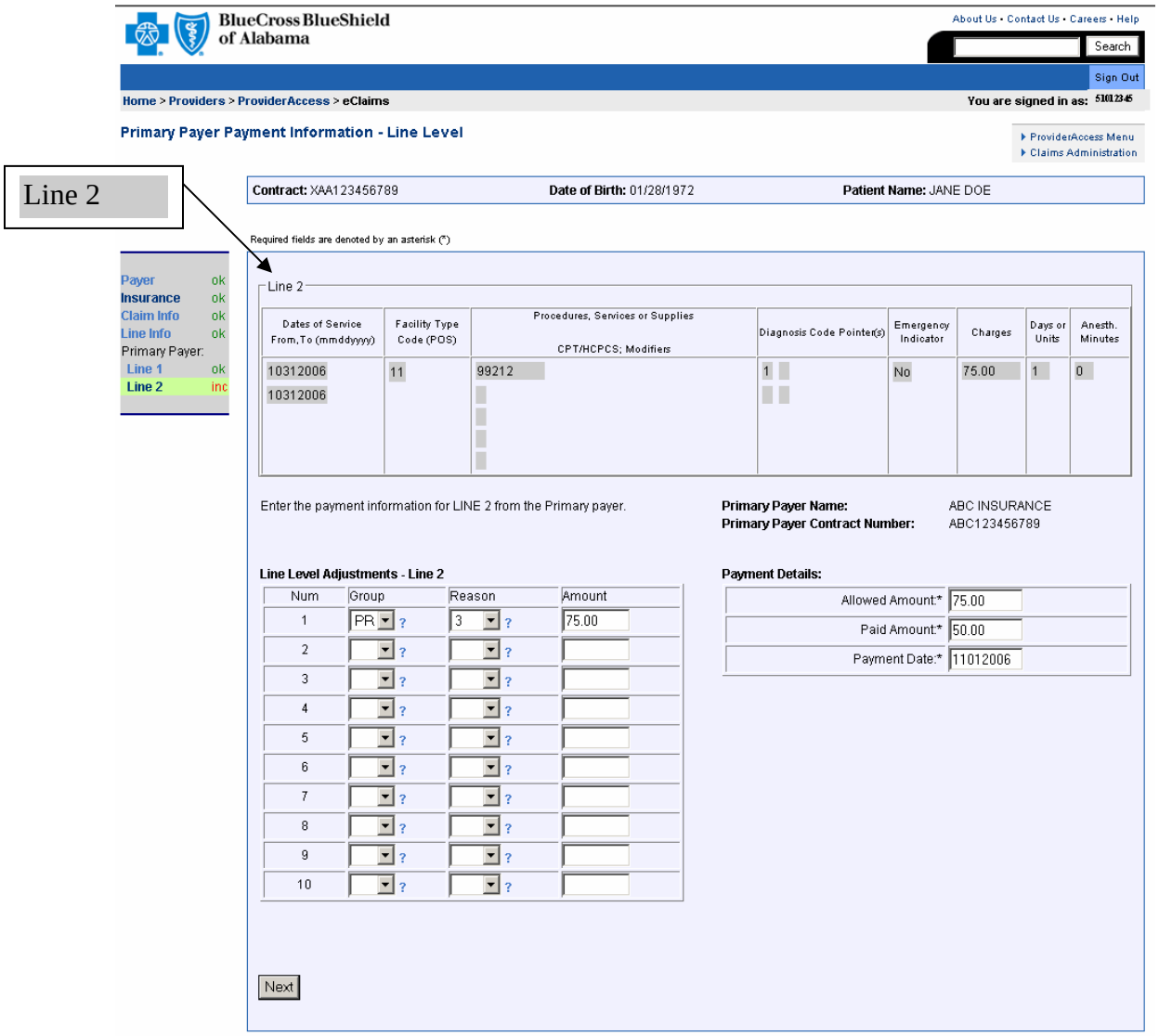
***Note:* This page is returned *ONLY* if you <u>do not</u> have line level payment information.**



Click on the question mark to pull up a "help window".

Tip: *This page provides a user with the ability to key in other insurance information per line item.*

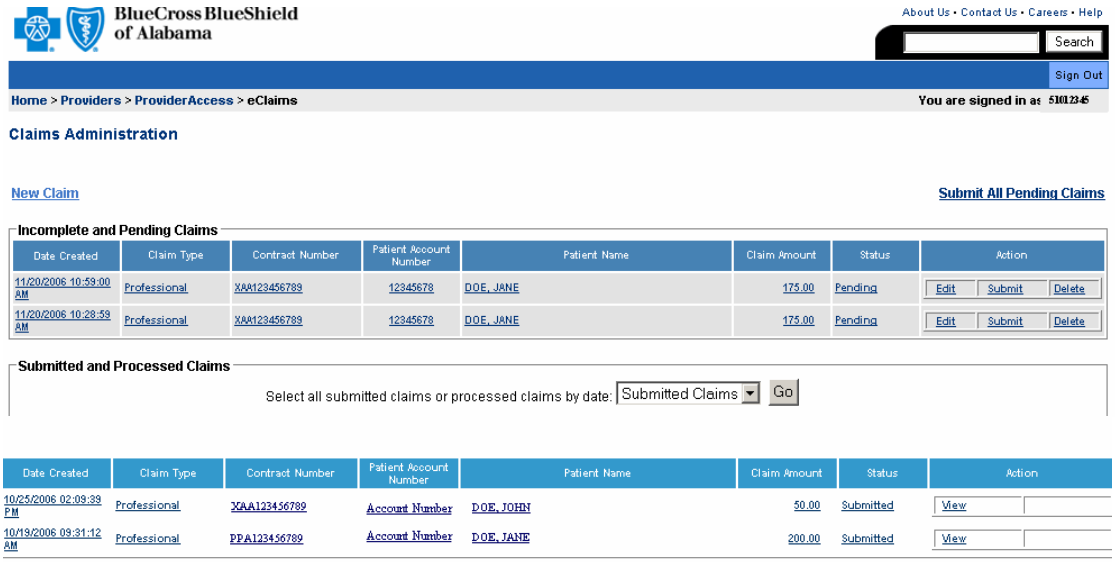
Primary Payer Payment Information –Line Level



Each line item is pre-populated in the top portion of this page. This option makes it easy for the user to key secondary information on this claim.

Submit your completed claim.

Claims Administration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Search
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You are signed in as 51012345
Claims Administration
New Claim
Submit All Pending Claims
Incomplete and Pending Claims
Date Created | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
11/20/2006 10:59:00 AM | Professional | XAA123456789 | 12345678 | DOE, JANE | 175.00 | Pending | Edit Submit Delete
11/20/2006 10:28:59 AM | Professional | XAA123456789 | 12345678 | DOE, JANE | 175.00 | Pending | Edit Submit Delete
Submitted and Processed Claims
Select all submitted claims or processed claims by date: Submitted Claims Go
Date Created | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
10/25/2006 02:09:39 PM | Professional | XAA123456789 | Account Number | DOE, JOHN | 50.00 | Submitted | View
10/19/2006 09:31:12 AM | Professional | PPA123456789 | Account Number | DOE, JANE | 200.00 | Submitted | View

Tip: *The Claims Administration screen shows all claims that are in a "pending" status and all claims that have been submitted or processed.*

The claim that you just entered should now appear in the ***"Incomplete and Pending Claims"*** list along with the total claim amount.

You may now choose to ***edit, submit*** or ***delete*** the claim.

After the batch is received by Blue Cross and Blue Shield of Alabama, the claim will appear in the "***Submitted and Processed Claims"*** list.

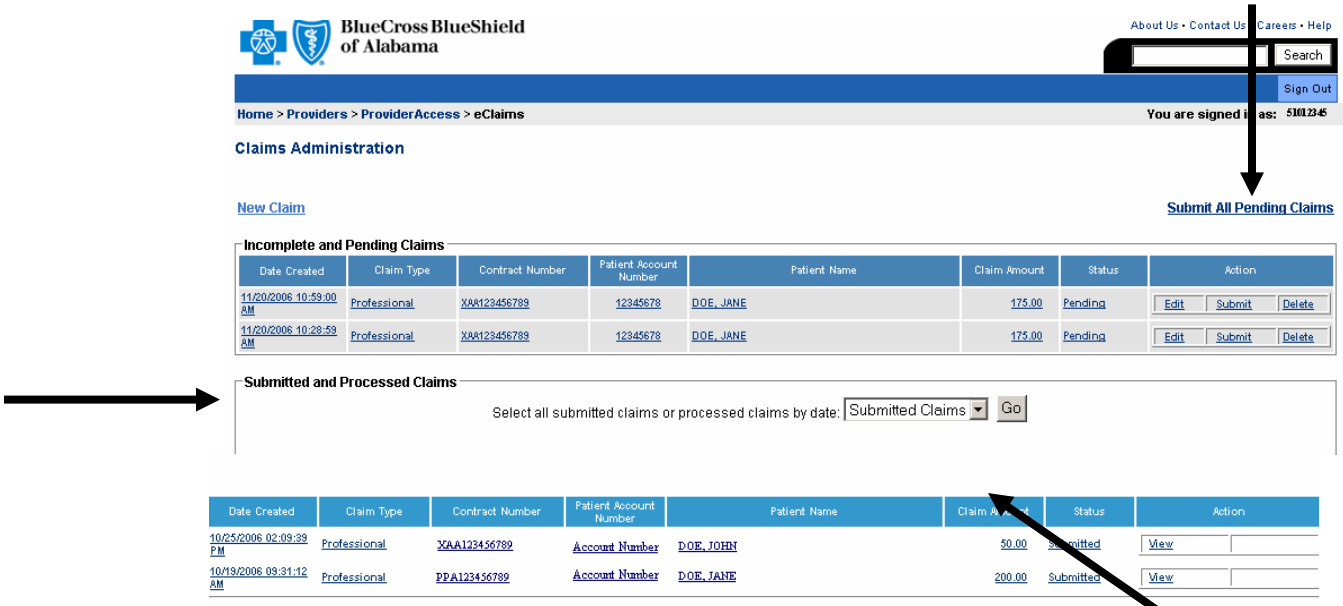
Note: Claims located in the *"Incomplete and Pending Claims"* list have not yet been received by Blue Cross and Blue Shield of Alabama for processing.

Corrected Claims

Claims Administration

eClaims allows a user to submit all pending claims by placing your mouse on the highlighted words and clicking the left mouse button.

To create a new claim, click the word ***"New Claim"***

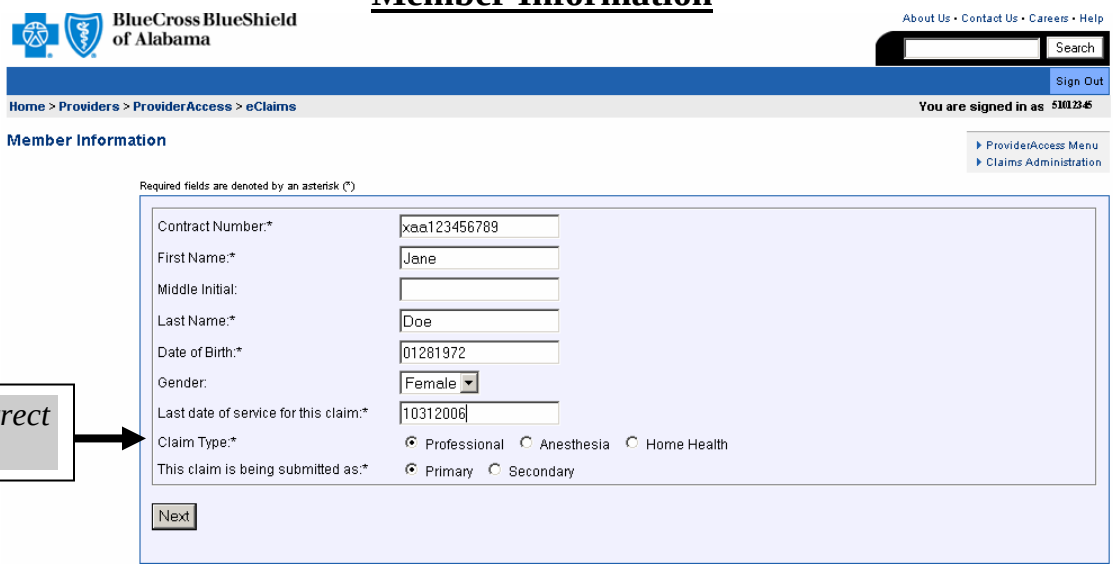


eClaims allows a user to select a date to view submitted or processed claim files.

Verify that all information is correct.

Required fields are denoted by an asterisk.

Member Information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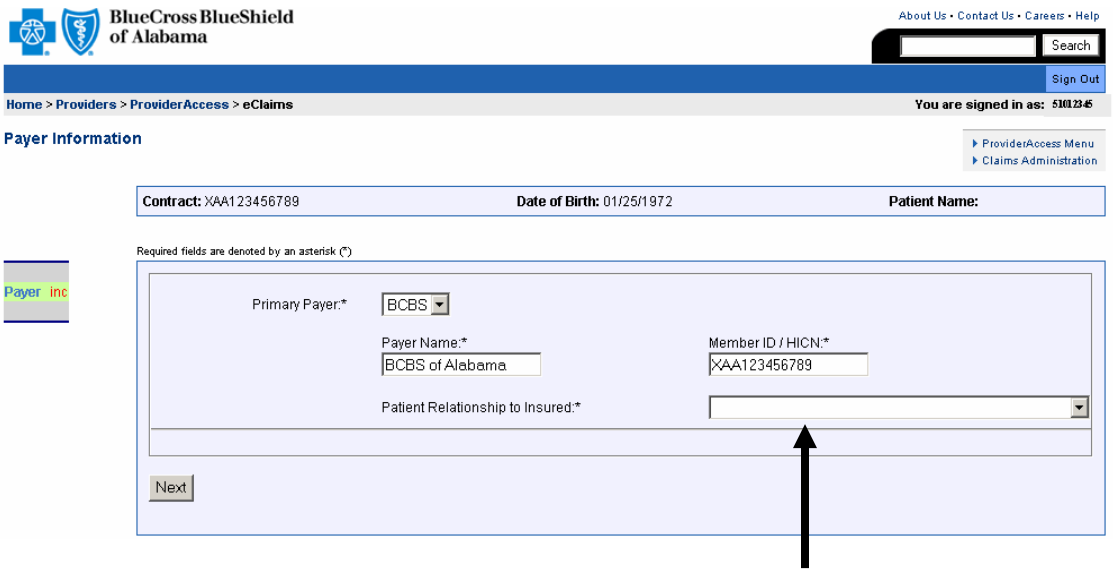
Sign Out
Home > Providers > ProviderAccess > eClaims
You are signed in as 51012345
Member Information
ProviderAccess Menu
Claims Administration
Required fields are denoted by an asterisk (*)
Contract Number:* xaa123456789
First Name:* Jane
Middle Initial:
Last Name:* Doe
Date of Birth:* 01281972
Gender: Female
Last date of service for this claim:* 10312006
Claim Type:* Professional Anesthesia Home Health
This claim is being submitted as:* Primary Secondary
Next

Choose the correct "claim type"

(Choose the type of claim that is submitted "Primary" or "Secondary")

Payer Information

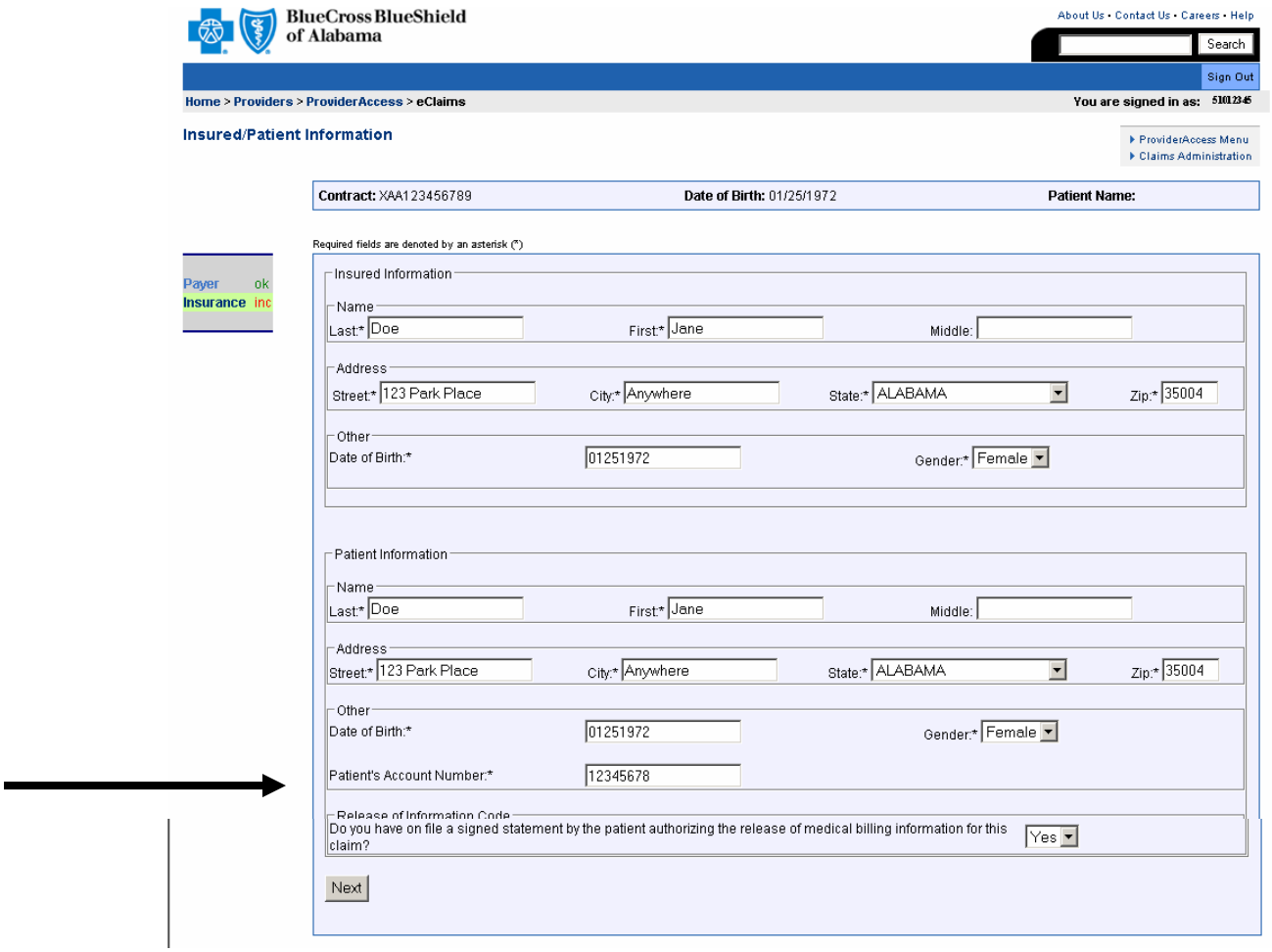
Verify that all information is correct. Select the ***"Patient Relationship to Insured"*** field and choose the option that applies to your claim.



Patient Relationship to Insured.

Verify that all information returned on this page is accurate.

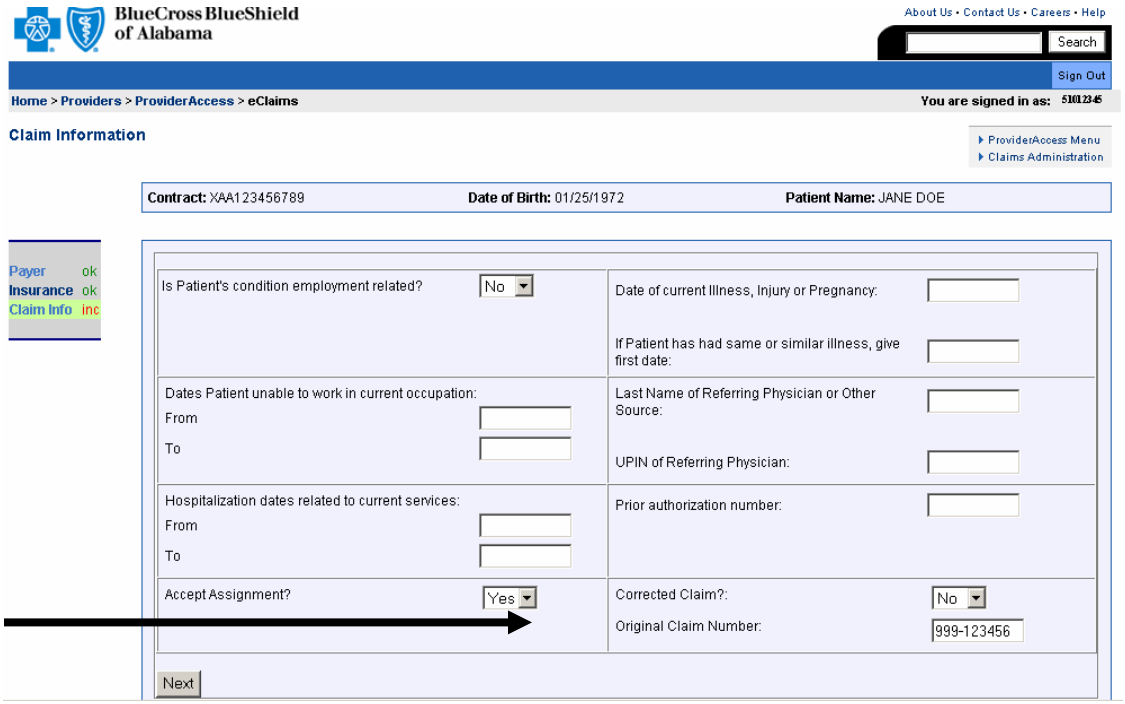
Insured/Patient Information



Tip: Don't forget to add your "Patient Account Number."

Verify the Insured/Patient Information on this page to make sure all questions are answered and pre-populate fields are accurate. If the information is correct press the **"Next"** key. If the information is not correct, select the "ProviderAccess" link and re-key your information. If the information is still incorrect, contact your EDI Services Representative for assistance.

Claim Information

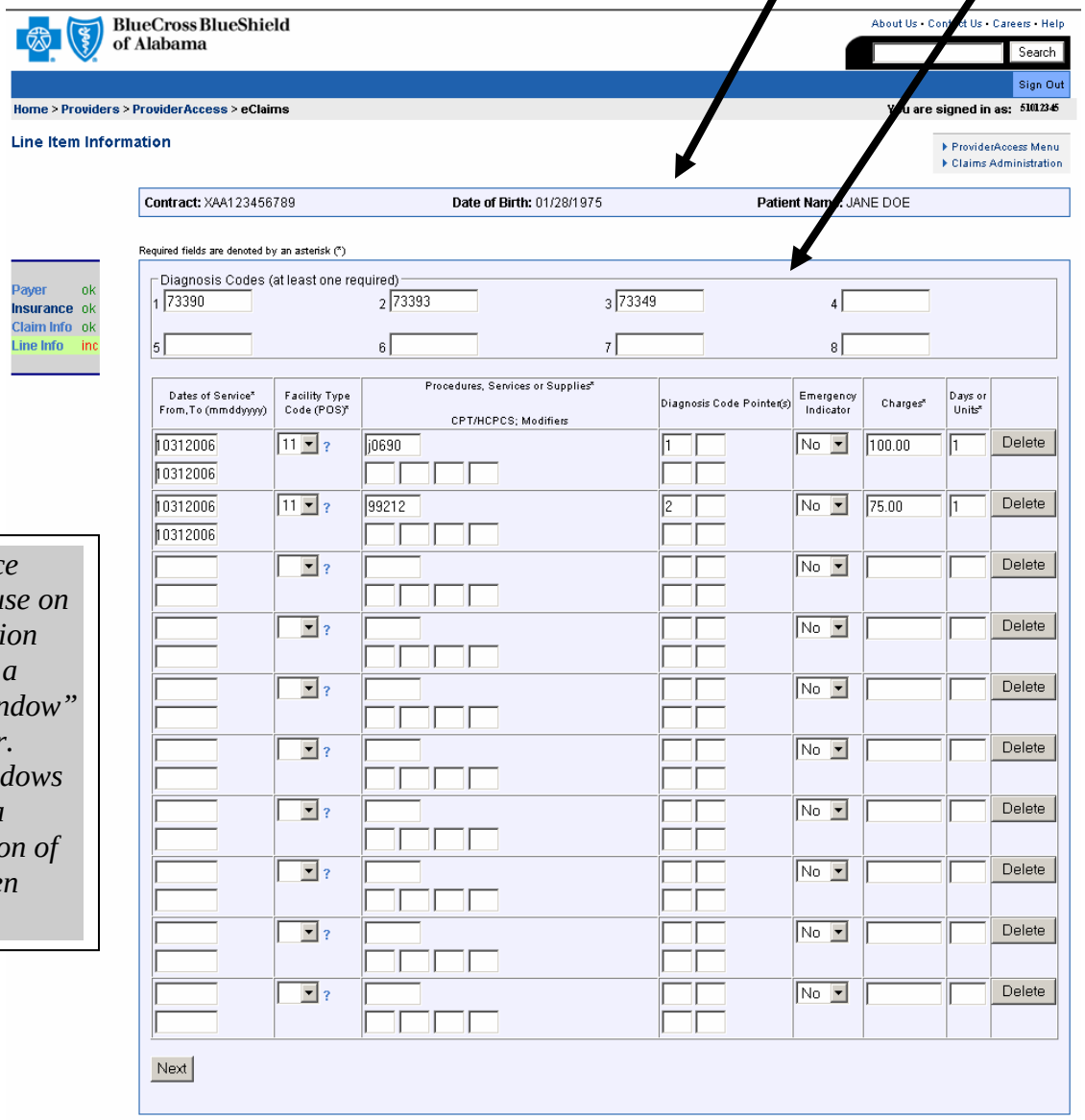


Enter the *original* claim number.

Review this screen and answer any questions that are valid for this claim. Once complete, click the **"Next"** button to save your information and to advance to the next step.

You can add up to 8 diagnoses per claim. Also, the diagnosis does not need a period between the third and fourth digit. Use the diagnosis code pointer to indicate which diagnosis applies to your claim.

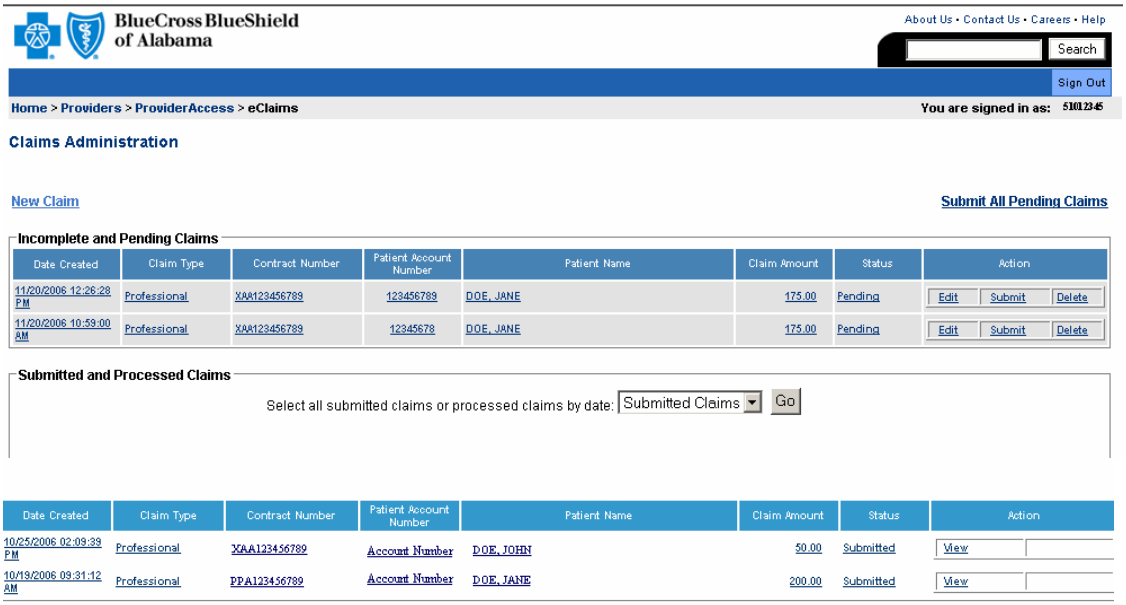
Line Item Info



Tip: *Place your mouse on the question mark for a "help window" to appear. Help windows provide a description of the chosen field.*

Submit your claim

Claims Administration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Search
Sign Out
Home > Providers > ProviderAccess > eClaims
You are signed in as:
Claims Administration
New Claim
Submit All Pending Claims
Incomplete and Pending Claims
Date Created | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
11/20/2006 12:26:28 PM | Professional | XAA123456789 | 123456789 | DOE, JANE | 175.00 | Pending | Edit Submit Delete
11/20/2006 10:59:00 AM | Professional | XAA123456789 | 12345678 | DOE, JANE | 175.00 | Pending | Edit Submit Delete
Submitted and Processed Claims
Select all submitted claims or processed claims by date: Submitted Claims Go
Date Created | Claim Type | Contract Number | Patient Account Number | Patient Name | Claim Amount | Status | Action
10/25/2006 02:09:39 PM | Professional | XAA123456789 | Account Number | DOE, JOHN | 50.00 | Submitted | View
10/19/2006 09:31:12 AM | Professional | PPA123456789 | Account Number | DOE, JANE | 200.00 | Submitted | View

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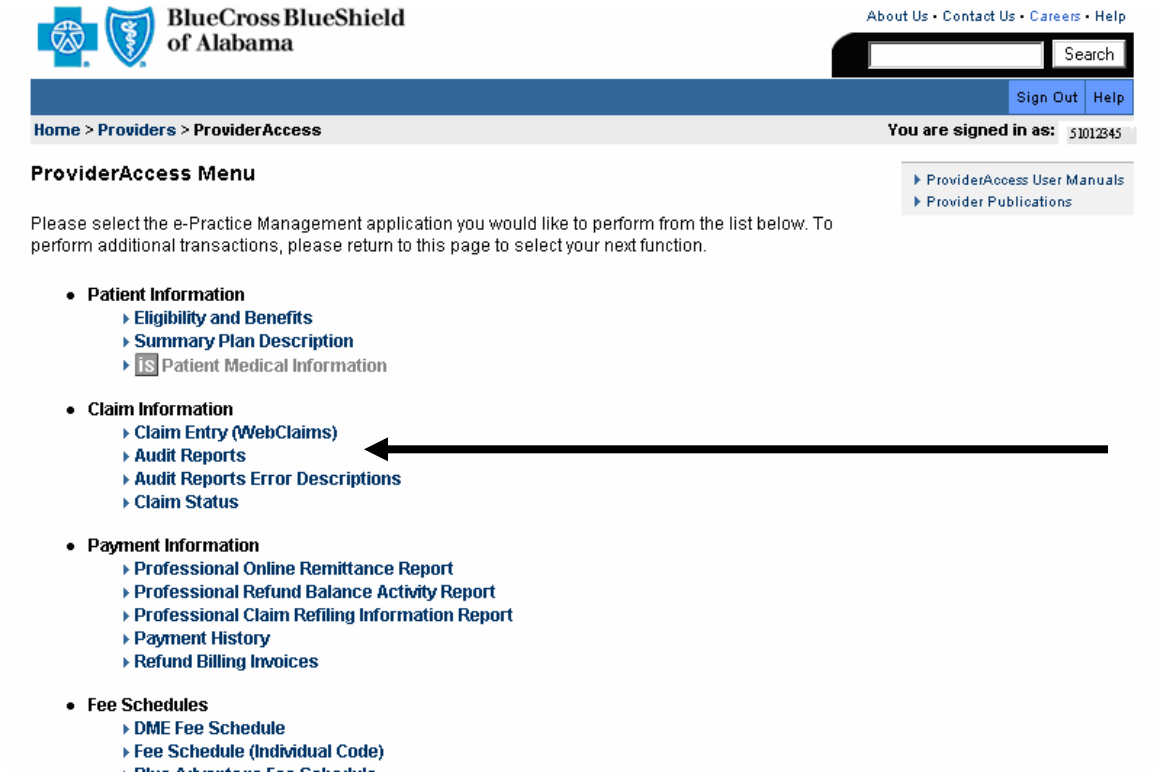
Note: Claims located in the *"Incomplete and Pending Claims"* list have not yet been received by Blue Cross and Blue Shield of Alabama for processing.

Audit Report Retrieval

An audit report is generated by Blue Cross that confirms the receipt of your electronic claims. This report specifies whether the submitted claims were accepted for processing or rejected due to an error.

Normally, if we receive your claims before approximately 3:30 p.m., an audit report will be available the following business day. If we receive your claims after approximately 3:30 p.m., your audit report should be available after two business days.

From the ProviderAccess page, use your mouse to click on the ***"Audit Report"*** link.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Professional Refund Balance Activity Report
Professional Claim Refiling Information Report
Payment History
Refund Billing Invoices
Fee Schedules
DME Fee Schedule
Fee Schedule (Individual Code)

Tip: *Please see page 3 to access this page.*

IMPORTANT NOTE: *Audit Reports are now available electronically for 60 business days. An Audit Report should be retrieved for every date of claims submission.*

To view Audit Reports enter your ***Submitter ID***. Click ***"Submit"*** to continue.

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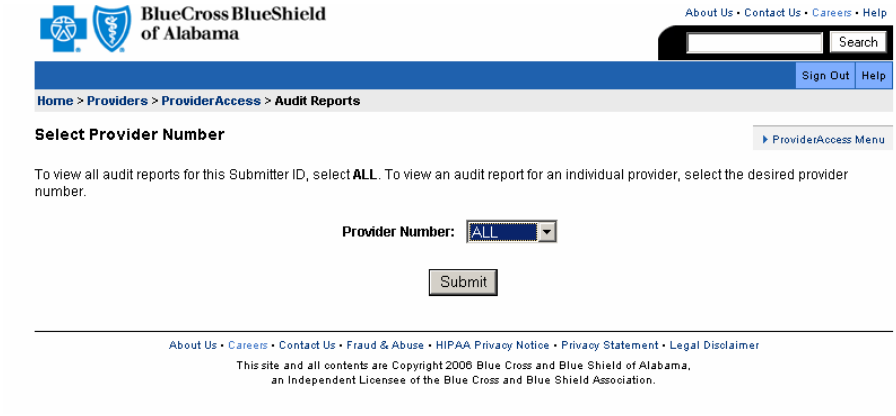
Click **"submit"** when finished.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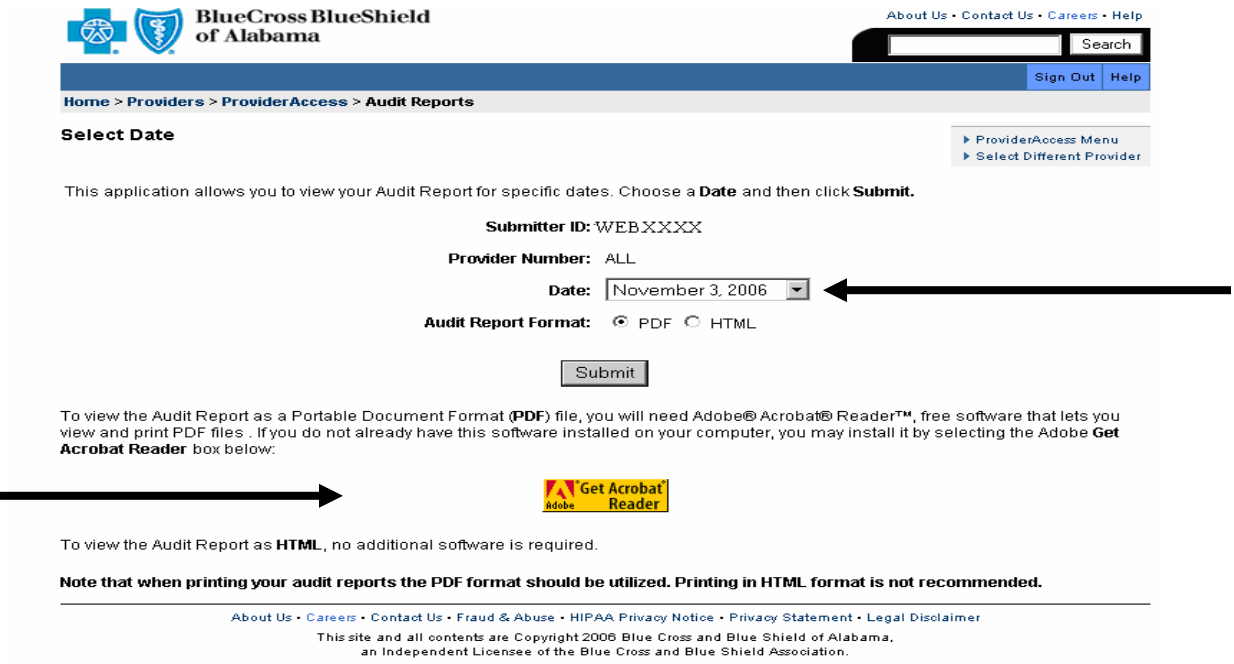
Click on the drop down ***"date"*** list and select your desired report date Click ***"submit"*** to view this report on this screen. You will also have the ability to print this report.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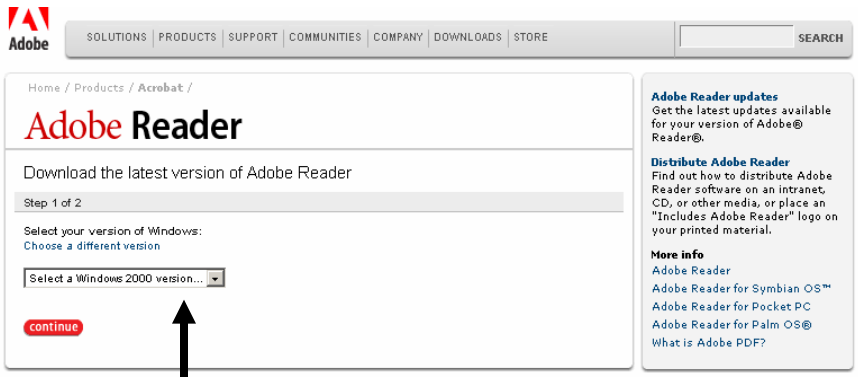
Audit Reports are available for retrieval 60 days after the submission of a claims batch.

Note: *It is necessary to have the Acrobat Reader software installed on your computer in order to view/print the audit trail reports.*

If you have trouble viewing the report or do not have the software installed on your computer, download the free version of the Acrobat Reader software. Clicking the download link will open a browser window taking you directly to the download page. Follow the download instructions and install the software. Once install, return the Online Audit Trail Retrieval Page and repeat steps above.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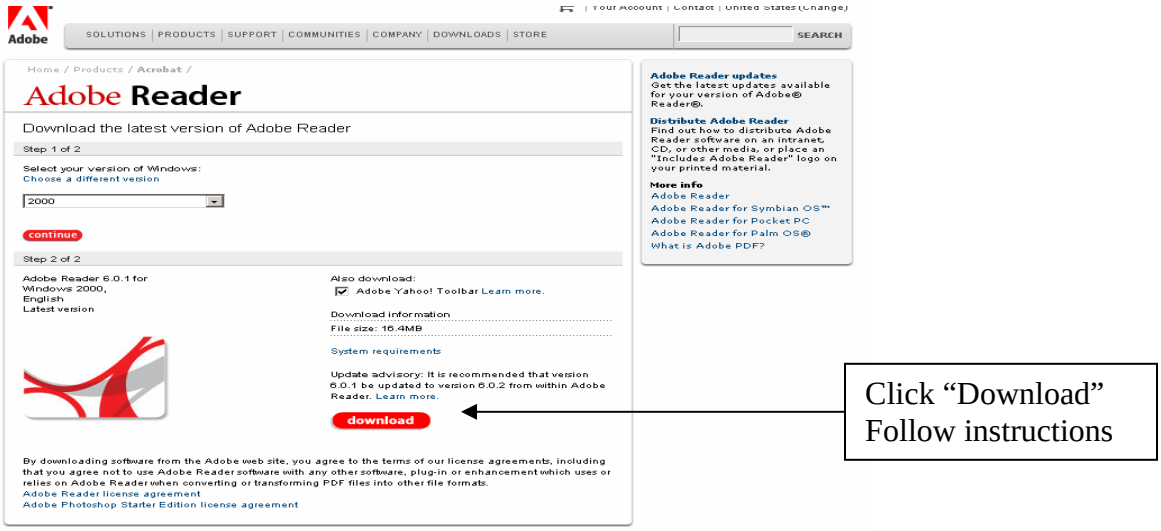
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Once you have selected ***"Submit"***, the next screen will show that your request is being processed.

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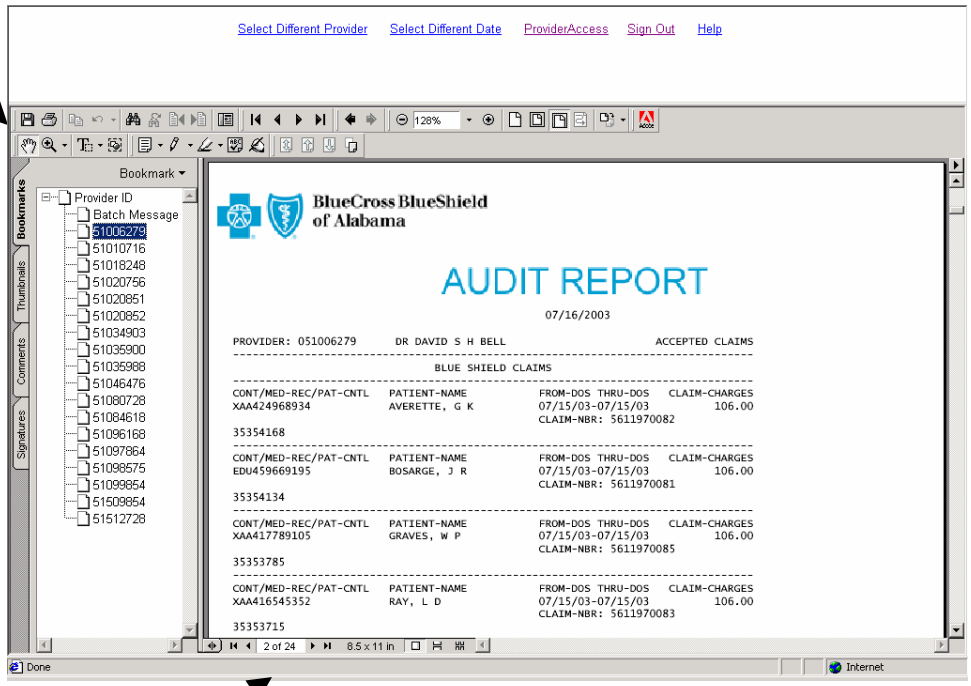
AUDIT REPORT
We are processing your request. This may take several minutes depending on the size of the audit report.

The accepted portion of the audit report contains a list of all claims that were accepted for processing.

Each claim is assigned a claim number. The claim number can be used to track the claim throughout processing.

This claim number confirms receipt of your claim, but does not guarantee payment.

Printing Tip: The Acrobat print function must be used to print the complete Audit Trail Report. Click on the "printer icon" in the Acrobat Reader toolbar.



Use arrows to view the next page.

Rejected claim immediately follows the "Accepted Claims" totals. This section contains a list of all claims that were rejected. Each of these claims will have an associated error number and message explaining why it was rejected.

Note: *Remember that errored claims have not been accepted by Blue Cross and Blue Shield of Alabama, and we keep no further record of them, these claims should be corrected and resubmitted as new claims.*